This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

# SA1-2E Short Form

### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY							
DATE RECEIVED	AMOUNT						
08/28/2018	\$ ALLOCATION NUMBER						

Return completed workbook by email to:

### coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions:  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		MCC Iowa, LLC (Oskaloosa, IA)
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		ONE MEDIACOM WAY (Number, street, rural route, apartment, or suite number)
		MEDIACOM PARK, NY 10918 (City, town, state, zip)
	INICTE	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Name I	LEGAL NAME OF OWNER OF CABLE SYSTEM:  MCC lowa, LLC (Oskaloosa, IA)  Instructions: List each separate community served by the cable system. A "cc 'a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the as the "first community." Please use it as the first community on all future fil Note: Entities and properties such as hotels, apartments, condominiums, or r dentified city.  CITY OR TOWN  Oskaloosa  Beacon  University Park  New Sharon	rated communities within unincorporated areas and including sing at you list will serve as a form of system identification hereafter kn lings.
Area Served i	Instructions: List each separate community served by the cable system. A "cot" a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the as the "first community." Please use it as the first community on all future fil Note: Entities and properties such as hotels, apartments, condominiums, or ridentified city.  CITY OR TOWN  Oskaloosa  Beacon  University Park	ommunity" is the same as a "community unit" as defined in FCC ru rated communities within unincorporated areas and including sing at you list will serve as a form of system identification hereafter kn lings. mobile home parks should be reported in parentheses below the  STATE  IA  IA  IA
Area Served i	'a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future fil Note: Entities and properties such as hotels, apartments, condominiums, or ridentified city.  CITY OR TOWN  Oskaloosa  Beacon  University Park	rated communities within unincorporated areas and including sing at you list will serve as a form of system identification hereafter kn lings.  mobile home parks should be reported in parentheses below the  STATE  IA  IA  IA
Area Served i	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future fill Note: Entities and properties such as hotels, apartments, condominiums, or redentified city.  CITY OR TOWN  Oskaloosa  Beacon  University Park	at you list will serve as a form of system identification hereafter kn lings. mobile home parks should be reported in parentheses below the  STATE  IA  IA  IA
Area Served i	Note: Entities and properties such as hotels, apartments, condominiums, or ridentified city.  CITY OR TOWN  Oskaloosa  Beacon  University Park	STATE IA IA
Served i	CITY OR TOWN Oskaloosa Beacon University Park	STATE IA IA
Community	Oskaloosa Beacon University Park	IA IA IA
Community	Beacon University Park	IA IA
	University Park	IA
d Rows as Necessary		
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"		

Accounting Period: 2018/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

MCC Lower LLC (Ockaloose IA)

4107

# Ε

### Secondary Transmission Service: Subscribers and Rates

### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

MCC Iowa, LLC (Oskaloosa, IA)

**In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1	BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE			
Residential:	SUBSCRIBERS	NATE	CATEGORY OF SERVICE SUBSCRIBERS RATE			
Service to first set	717	29.95-48.54				
Service to additional set(s)						
FM radio (if separate rate)						
Motel, hotel						
Commercial	2	29.95-48.54				
Converter						
Residential						
Non-residential						

# F

### Services Other Than Secondary Transmissions: Rates

# SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

**Block 1**: Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLO		BLOCK 2		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	PP	Motel, hotel		Family Cable	78.49
<ul> <li>Pay cable—add'l channel</li> </ul>	PP	Commercial			
Fire protection		Pay cable			
Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	99.99	Burglar protection			
Additional set(s)	15.00-29.00	Other services:			
• FM radio (if separate rate)		Reconnect	29.00		
Converter	10.50	Disconnect			
		Outlet relocation	15.00-29.00		
		Move to new address			

Accounting Period: 2018/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 4107

### MCC Iowa, LLC (Oskaloosa, IA)

G

# Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KCCI/KCCI(HD) CBS	8	N	Des Moines, IA
KCCI-DT2 METV	8.2	N	Des Moines, IA
KCCI-DT3 MyNET	8.3	N	Des Moines, IA
KCRG ABC	9	N	Cedar Rapids, IA
KCWI CW/KCWI CW HD	23	1	AMES, IA
KCWI-DT2 Escape	23.2	1	Ames, IA
KCWI-DT3 Bounce TV	23.3	I	Ames, IA
KDIN/KDIN(HD)IPTV PBS	11	E	DES MOINES, IA
KDIN-DT2 IPTV PBS KIDS (HD)	11.2	E	DES MOINES, IA
KDIN-DT3 IPTV PBS World	11.3	E	DES MOINES, IA
KDIN-DT4 IPTV PBS Create	11.4	E	DES MOINES, IA
КДМІ ТСТ	56	1	DES MOINES, IA
KDSM/KDSM(HD) FOX	16	1	Des Moines, IA
KDSM-DT2 COMET	16.2	l	Des Moines, IA
KDSM-DT3 Charge	16.3	1	Des Moines, IA
KDSM-DT4 TBD	16.4	1	Ames, IA
KFPX ION	39	1	Newton, IA
KYOU FOX	15	1	Ottumwa, IA
WHO/WHO(HD) NBC	13	N	Des Moines, IA
WOI/WOI(HD) ABC	5	N	Ames, IA
WOI-DT2 Laff	5.2	N	Ames, IA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

MCC Iowa, LLC (Oskaloosa, IA)

4107

### PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

**Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Accounting Perio	ting Period: 2018/1 FORM SA1-2E. PAGE 5.											
<del>-</del>	LEGAL NAME OF OWNER OF	CABLE SYST	ГЕМ:					SYSTEM ID#				
Name	MCC Iowa, LLC (Oskal	oosa, IA)						4107				
Substitute	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.											
Carriage:	1. SPECIAL STATEMENT											
Special					eie any nonn	stwork tolov	ision program	n				
Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?  YES  NO											
Program Log												
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program											
	log in block 2.											
	2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information.  Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in											
					II WH	EN SUBST	TITLITE					
	S	UBSTITUT	E PROGRAM	1		LIN SODOT		7. REASON FOR				
	1. TITLE OF PROGRAM		3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH		TIMES TO	DELETION				
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	LEGAL N	NAME OF OWN	ER OF CABLE	E SYSTEM:									SYSTE	PAGE M IC
Name		lowa, LLC												410
<b>K</b> Gross Receipts	Instruction all amount (as idea page (	SS RECEIP ctions: The ounts (gross entified in sp (vii) of the ge iross receipt uring the acc	figure you receipts) p ace E) duri eneral instre s from subs	paid to yo ing the ac uctions lo scribers f	our cable ecounting ecated in or secon	system by g period. F the paper ndary trans	y subscri For a furtl SA1-2 f smission	bers for the ner explandorm. service(s)	e system ation of h	's second low to con	ary tran	smission se is amount, s	rvice	62
		RTANT: You										-	of gross receip	
Copyright Royalty Fee	Instructi Compl Use bl Use bl Use bl	IGHT ROYA ions: To con lete block 1, lock 1 if the a lock 2 if the a lock 3 if the a	mpute the report of gamount of ga	royalty fee or block 3 gross rec gross rec gross rec	eipts in s eipts in s eipts in s	space K is space K is space K is	more the	an \$137,1 an \$263,8	00 but les	s than \$5		o \$263,800		
				BL	OCK 1:	GROSS F	RECEIP	TS OF \$1	37,100 C	R LESS				
		ctions: As a c		n with gro	ss receipt	ts of \$137,	100 or le	ss, the roy	alty fee tha	at you mus	st pay fo	r this six-moi	nth	
	Line 1.	Royalty fee	for account	ina period	<b></b>									
		Interest cha											0	00
	Line 2.	interest cha	ige. Enter	ine amou	THE HOTTI III	ie 4, spaci	e Q, page	; 0					0.	00
	Line 3.	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2												
		BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$1									an \$137	',100)		
	1. Base	e amount un	der statutor	y formula					\$	263,	800.00	_		
		er amount of			•					•	170.62	_		
	3. Subi	tract line 2 fro	om line 1						\$	80,	629.38	_		
		er the amoun	•	•								183,170.62		
		er the amoun										80,629.3		
		tract line 5 fro										102,541.2		
		tiply line 6 by											512.	
	8. Inter	rest charge.	Enter the a	mount fro	m line 4,	space Q, <sub>I</sub>	page 8					-	0.	00
	9. <b>TOT</b>	TAL ROYAL	TY FEE PA	YABLE F	OR ACC	OUNTING	PERIOD	. Add lines	7 and 8 .			. \$	512.	71
			BLOCK	3: GROS	S RECE	EIPTS OF	MORE	THAN \$2	63,800 (b	out less th	nan \$52	27,600)		
	1. Ente	er the amoun	t of gross re	eceipts fro	om space	K						_		
	2. Base	e amount un	der statutor	y formula					\$	263,	800.00	_		
	3. Subt	tract line 2 fro	om line 1									_		
	4. Mult	tiply line 3 by	.01											
	5. Roya	alty due on th	ne first \$263	3,800 of g	ross rece	eipts (unde	r statutor	y formula)		\$		1,319.00	<u>.</u>	
	6. Inter	rest charge.	Enter the a	mount fro	m line 4,	space Q,	page 8					0.00	<u>)</u>	
	7. <b>TOT</b>	AL ROYAL	TY FEE PA	YABLE F	OR ACC	OUNTING	PERIOD	. Add lines	4, 5, and	6				
				FILING	FFF AN	ID TOTAL	REMIT	TANCE	NIF					
				LING	LLAN	DIOTAL	_ IXLIVIII	THIOL L	JL					
Filing Fee and Total Remittance	1. Roya	alty Fee Pay	able for Acc	counting F	Period (fro	om Block 1	l, 2, or 3,	above)		\$		512.7°	<u>1_</u>	
Due		g Fee (See t	he instruction	ons for mo	ore inform	nation on fi	iling fee o	alculations	)	\$		20.00	<u>)</u>	
													500	
	3. ТОТ	TAL AMOUN	I DUE FOR	K ACCOU	NIING P	'EKIOD. A	add lines	2 and 3.		• • • • • • • • •	••	\$	532.	<i>[</i> 1]
		Important:	Your remit	ttance mu	ust be in	the form	of an ele	ctronic pa	yment pa	yable to t	he Reg	ister of Copy	rights!	

	LECAL NAME OF			
Name		OWNER OF CABLE SYSTEM: C (Oskaloosa, IA)		SYSTEM ID# 4107
M Channels	CHANNELS Instructions: Y to its subscriber  1. Enter the total system carried  2. Enter the total on which the cand nonbroade	70		
N Individual to Be Contacted		D BE CONTACTED IF FURTHI about this statement of accoun	ER INFORMATION IS NEEDED (Identify an individual to whom i.)	
for Further Information	Name	Kenneth J. Kohrs	Telephone 8	45-443-2762
	Address	One Mediacom Way (Number, street, rural route, apartn	nent. or suite number)	
		Mediacom Park, NY (City, town, state, zip)		
	Email	Copyrights@me	diacomcc.com Fax (optional)	
	CERTIFICATION	(This statement of account mu	st be certified and signed in accordance with Copyright Office regulations)	
O Certification		ed, hereby certify that (Check on		
			rtnership) I am the owner of the cable system as identified in line 1 of space B; or	r
	X (Agen	nt of owner other than corporat	ion or partnership) I am the duly authorized agent of the owner of the cable syste	em as identified
			vner is not a corporation or partnership; or a corporation) or a partner (if a partnership) of the legal entity identified as owner	of the cable system
	in	line 1 of space B.		<b>. ,</b>
		te, and correct to the best of my l	ereby declare under penalty of law that all statements of fact contained herein knowledge, information, and belief, and are made in good faith.	
			X /s/ Kenneth J. Kohrs	
			Enter an electronic signature on the line above to certify this statement.  Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed	name: Kenneth J. Kohrs	
		Title: (Title of of	Vice President, Financial Reporting  ficial position held in corporation or partnership)	
		Date:	8/21/2018	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephon numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law

counting Period: 2018/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
CC Iowa, LLC (Oskaloosa, IA)	4107
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Name	
Mailing Address  Mailing Address	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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